OPIOID SETTLEMENT FUND ANNUAL FINANCIAL REPORT

NOTE: PLEASE COM	IPLETE THIS FORM USING	EITHER ADOBE ACROBAT PRO OR READER	
NAME OF ENTITY:	Bingham County		\blacksquare
NAME OF OFFICIAL	FILLING OUT REPORT: Pa	imela Eckhardt - Clerk	
PHONE NUMBER: (2	208) 782-3160		
EMAIL ADDRESS: po	eckhardt@co.bingham.id	.us	
OPIOID SETTLEMEN	T FUNDS BALANCE AT BE	EGINING OF FY 22: \$0.00	
OPIOID SETTLEMEN	T FUNDS RECEIVED IN FY	<u>/ 22 : \$24,619.99</u>	
TOTAL OPIOID SETT	LEMENT FUND EXEPNDIT	TURES IN FY 22: \$0.00	
OPIOID SETTLEMEN	T FUND BALANCE AT ENI	D OF FY 22: \$24,619.99	
ITEMIZATION OF PA	YMENTS RECEIVED:		
Payment Date	Payment Amount	Source of Payment	
06/22/2022	\$24,619.99	Wilmington Trust	

ITEMIZATION OF EXPENDITURES:

*List of approved uses with section and subsections available here

Approved Use	Approved Use	Description of Use	Amount
Section	Subsection		Expended
			-

TOTAL: \$0.00

TOTAL: \$24,619.99

By signing below I warrant that all information provided in this form is true and correct; that all opioid settlement funds expended by the above entity have been expended on approved uses as provided in Exhibit A to the Idaho Opioid Settlement Intrastate Allocation Agreement linked to above and included on this form; and that I have the necessary authority to sign and submit this form on behalf of the above entity.

SIGNATURE: Samula Galhardt DATE: 8/30/2022